Telephone (209) 736-2181 Fax (209) 736-0709

CITY OF ANGELS Utility Service Application

584 S. Main St. PO Box 667 Angels Camp, CA 95222

	FOR OFF	ICE USE ONLY		
CO-Applicant Signature:		Date:		
Applicant Signature:		Date:		
Payments not received by the due date, or County for overdue bills pursuant to section and regulations of the City of Angels gove hereafter amended by the City Council. A	on to paid in full, will be assessed on \$31701 of the Water code of the verning public services Title 13 a also I/We recognize that I/We are now with the date of discontinual.	a \$10.00 late fee. A lien may be filed the State of California. I/We hereby ag nd water services Title 14 as defined in ultimately responsible for any unpaid nce and a forwarding address for th	gree to abide by and conform to the rules in the City of Angles ordinances or balances owing (14.10.010). All services the final billing (14.25.030). The City will	
Telephone: _()				
City/St/Zip:				
Mailing Address:				
Last Name:		First Name:	MI:	
LANDLORD INFORMATIO	N			
Employer's Name and Address:				
			DOB	
City/St/Zip:				
Mailing Address:				
CO-APPLICANT Last Name:		First Name	MI:	
Employer's Name and Address:	:			
			DOB	
City/St/Zip:				
Mailing Address:			MI:	